

Social Prescribing to Address Social Isolation in Massachusetts Residents age 18 through 26

Social isolation has severely impacted everyone, particularly the younger generation, whose isolation was intensified by the COVID-19 pandemic. People can now work, shop, and socialize from home without physical interactions for extended periods. This shift has led to increased risks of anxiety, depression, heart disease, stroke, and premature death. Gen Z experiences the highest levels of isolation, adversely affecting their education, employment, and productivity.

To tackle this issue, we propose implementing mandatory screenings by staff in primary care settings and behavioral health centers to identify and address isolation in patients ages 18 to 26. This screening would utilize a tool validated for use with young adults known as the Lubben Social Network Scale (LSNS-6).

Additionally, we propose the Massachusetts Department of Public Health implement a Social Prescription program to provide social activities at a reduced cost that encourage community engagement for individuals experiencing social isolation.

Submitted by:

Lynn Borges, PharmD - Edward M. Kennedy Community Health Center

Ashley Bosworth, LSW - Community Care Cooperative

Carla Cataldo, MPP - MAB Community Services

Lauren Hanley, M.S - MetroWest YMCA

Emily Tylek, MPH - Northborough Health and Human Services, Encompass Coalition

Problem Statement

In our post-COVID world, people can go for days without seeing other people. Between working from home and modern delivery services of a wider range of products, the amount of in-person social interactions has decreased significantly. Social isolation is a significant health indicator, and increases the risk of premature death by 26%. This is equivalent to smoking 15 cigarettes per day. Social isolation among young adults aged 18-26 has drastically escalated, and young adults ages 15 to 24 have also reported a 70% decrease in time spent with friends over the past two decades.^{1,2}

Proposed Policy

Support staff and providers in primary care settings and behavioral health centers in Massachusetts will implement a social connectedness screening for adult patients aged 18 through 26 to assess an individual's level of isolation. Providers will be provided support to implement social prescriptions to increase opportunities for patients to engage with the surrounding community and increase social belonging.

Public Health Impact of Social Isolation

The World Health Organization (WHO) Commission on Social Connection released a global report in 2025 revealing that 1 in 6 people worldwide is affected by social isolation, with significant impacts on health and well-being. Social isolation is linked to an estimated 100 deaths every hour—more than 870,000 deaths annually—similar to the numbers who die from tuberculosis, HIV/AIDS, malaria, or chronic kidney disease. Strong social connections can lead to better health and longer life.¹

The impacts extend to learning and employment. Teenagers who felt isolated were 22% more likely to get lower grades or qualifications. Adults who are isolated may find it harder to find or maintain employment and may earn less over time.¹ At a community level, social isolation undermines social cohesion and costs billions in lost productivity and health care.

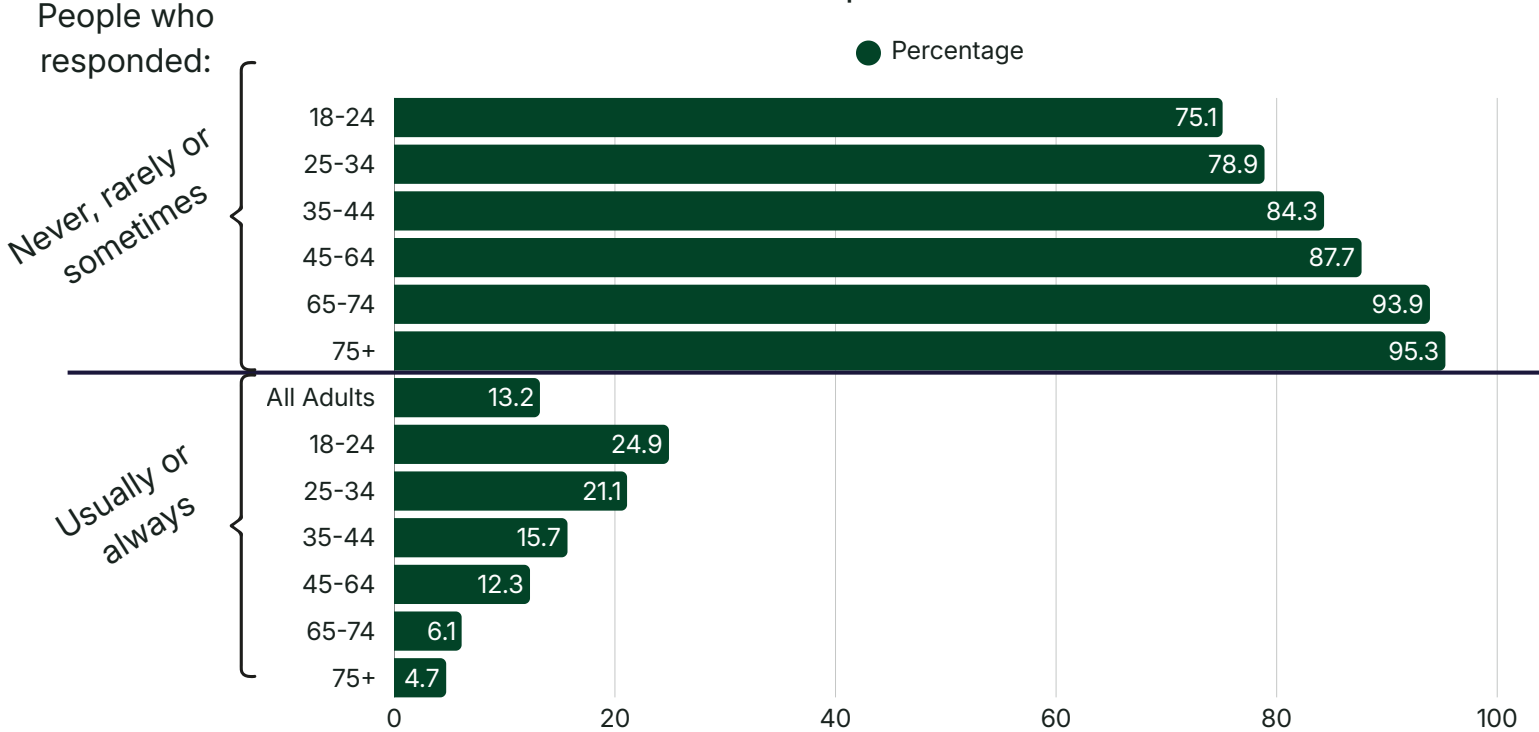
Social isolation in childhood has been associated with increased obesity, high blood pressure and blood glucose levels in adulthood.² Additionally, poor or insufficient social connections are associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.² Communities with strong social bonds tend to be safer, healthier, and more resilient, including in response to disasters.¹

Defining Social Isolation

Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.

Defined by the 2023 Surgeon General's Report

Mental Health Data: Respondent Feels Isolated From Others



MA DPH Bureau of Community Health and Prevention, February 2026

Why Does Social Isolation Matter?

Isolation is often viewed as a side effect of other public health risks, rather than a direct risk itself, that often leads to greater health issues. Connection strengthens communities and generated opportunities. Reducing the societal burden of isolation makes implementing other public health programs more effective.

For young adults in the 18 to 26 age group, many lose the protective factors they had when they were younger, such as peer support, and school connectedness. At a local level, the 2025 MetroWest Adolescent Health survey shows that health indicators such as school connectedness, peer support and adult support have just started to rise again to pre-pandemic levels.⁴

These protective factors are key in preventing risky behaviors, such as substance use and perpetuating violence, as well as reducing mental health issues, such as anxiety and depression.⁴ Regardless of an individual's goals post-graduation, the years between age 18 and age 26 are a time of rapid transition, and this highly volatile time requires extra support.

Early intervention can prevent long-term health effects such as poor mental health outcomes and risky behaviors. It can also enhance work productivity as young people begin their adult lives.

Economic Rationale

Social isolation among young adults ages 18–26 carries significant economic consequences for employers, healthcare systems, and public budgets. In the U.S., stress related to isolation and absenteeism cost employers an estimated \$154 billion annually, while social isolation contributes to increased healthcare utilization and billions in excess public spending. Beyond healthcare costs, governments also experience reduced tax revenues alongside rising expenditures on unemployment support, social services, and public health programs.

Addressing social isolation in young adults is therefore not only a public health priority, but also an economic imperative. These costs are especially concerning for young adults, who report some of the highest rates of isolation nationally. Social isolation during early adulthood can negatively affect educational attainment, workforce participation, mental health, and long-term earning potential.

Governments also face reduced income and consumption tax revenues alongside rising expenditures on unemployment assistance, social services, and public health programs. Evidence further suggests that investments in social connection interventions can yield positive economic returns, with studies finding social return-on-investment ratios ranging from \$2.28 to \$13.72 for every \$1 invested.⁵

“Connection strengthens communities, fosters cooperation and creates opportunities. Without connection, we will not succeed in solving the problems facing us today – whether they are public health, economic growth or social stability.”

WHO Commission of Social Connection, 2025

**\$154
Billion**

Cost to US Employers per year due to loneliness-related stress and absenteeism

2023 Surgeon General Report

Social Prescription Program: Evidence & Pilot Program

Social prescribing is defined as a healthcare model in which patients are referred to non-clinical community activities to improve their own health and wellbeing.⁶ It is an established practice in Europe and has been particularly successful in the United Kingdom.

In 2020, Massachusetts was the first state to pilot social prescription with a collaboration between the Mass Cultural Council and Mass General Brigham. This pilot was called “**CultureRX**.”⁷

Participants, providers and cultural organizations had positive reviews of the CultureRX pilot.

After utilizing a social prescription, participants reported:

- Improved mental health
- Increased sense of belonging

After prescribing a cultural or social activity, healthcare providers reported:

- Working with CultureRX was a positive experience
- Receiving positive feedback from patients after follow-up visits
- Improved wellbeing and job satisfaction with addition of social prescribing to their toolkit

CultureRX by the Numbers



4 pilot phases



1,940 prescriptions



12 cultural organizations



33 healthcare providers

We propose that MA DPH utilize this pilot as a model for the social prescription program to be implemented to address isolation. The CultureRX team has an established framework to address the reduced costs for the participating organizations and patients, while DPH has the infrastructure to expand the program. By working with the Mass Cultural Council and CultureRX, MA DPH can build an up-to-date list of programming options for providers and staffers in PCP settings and behavioral health centers. Patients are provided with options in-person or through their medical portal, and can “fill” the prescription by selecting a program and receiving a voucher to attend the event. The additional costs of MA DPH overseeing the administrative work associated with maintaining a list of programming for providers and organizing reduced cost vouchers for patients is significant, but is smaller than the established costs associated with the increasing societal burden of isolation in the 18-26 age group.

Legislative Path Forward

The Department of Public Health has the ability to implement mandatory screenings. The Community Preventive Services Task Force (CPSTF), which works to improve community health by issuing evidence-based recommendations and findings on public health interventions designed to improve health and safety, should be leveraged to create recommendations for PCPs regarding a screening tool for social isolation and a social prescription program.⁸

By providing primary care offices a validated social isolation screening tool used by the state of North Carolina and updating local reference materials and other online resources will make it easy for PCP offices to begin social prescribing to increase social belonging for those at risk.

Establishing a baseline assessment of social isolation and self-isolation among Massachusetts residents ages 18 through 26 will allow for the creation of an appropriate social prescription program. Social isolation is an established threat to public health. DPH has the ability to dedicate resources to implement the screening tool in PCP offices, oversee data organization and work cross-organizationally to maintain a social prescription referral list for PCP offices.

In Conclusion...

Social isolation rates in young adults have been rising for decades, but skyrocketed during the COVID-19 pandemic. Social isolation is linked to chronic health issues, increases burden on the state's healthcare system, and harms the economy. To address this growing issue, it is imperative that the state take a lead in an evidence-based initiative to address it.

Assessing rates of social isolation and identifying those at greater risk with the validated screening tool we have recommended is the most efficient and effective way to connect people to resources they need. Maintaining the social prescription model piloted by the Mass Cultural Council and implementing it through MA DPH to increase reach and resources is a proven method to increase an individual's feeling of belonging and community connection.

We recommend this two-pronged approach to address social isolation for individuals ages 18 through 26 in Massachusetts. Massachusetts is a leader in health and happiness in the United States, and this model allows for our legacy of this leadership to continue.

"Social isolation and isolation represent profound threats to our health and well-being. But we have the power to respond. By taking small steps every day to strengthen our relationships, and by supporting community efforts to rebuild social connection, we can rise to meet this moment together."

Vivek H. Murthy, M.D., MBA
19th and 21st Surgeon General of the
United States

Check out our validated screening tool here:



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